

Exhibit 6



OFFICE OF THE SHERIFF

COUNTY OF LOS ANGELES

DEPT. OF JUSTICE

ALEX VILLANUEVA, SHERIFF

(818) 878-1808



December 17, 2020



Dear [REDACTED]

WATCH COMMANDER'S SERVICE COMMENT REPORT #255777

Thank you for taking the time to express your concern regarding personnel from the Malibu/Lost Hills Station. Your complaint was documented and assigned to [REDACTED] for investigation.

Your complaint has been thoroughly investigated and our inquiry revealed that the conduct of our employee could have been better. We have documented and discussed the matter with the personnel involved, continuing to emphasize our expectation of professional conduct and courtesy when dealing with the public we serve. Please be assured the appropriate administrative action has been taken.

I appreciate you bringing this matter to our attention and the opportunity it afforded me in evaluating the level of law enforcement service provided by the men and women assigned to Malibu/Lost Hills Station.

Sincerely,

ALEX VILLANUEVA, SHERIFF

Salvador Becerra, Captain
Malibu/Lost Hills Station

211 WEST TEMPLE STREET, LOS ANGELES, CALIFORNIA 90012

A Tradition of Service
— Since 1850 —

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT
WATCH COMMANDER'S SERVICE COMMENT REPORT

255777

Receiving Bur/Stn/Fac: LAB		Report Date: 09/03/20	Time: 1010	SC #: 2516472
Investigating Bur/Stn/Fac: LAS		URN #: 920-00862-2290-252	IAB #:	

Received By	Commendation	Personnel Complaint	Service Complaint
<input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> 800 Line <input checked="" type="checkbox"/> E-Mail/Fax <input type="checkbox"/> Website	<input type="checkbox"/> Application to Duties <input type="checkbox"/> Commendable Restraint <input type="checkbox"/> Exemplary Conduct <input type="checkbox"/> Tactical Excellence	<input type="checkbox"/> Criminal Conduct (All copies to Unit Cmdr) <input type="checkbox"/> Discourtesy <input type="checkbox"/> Dishonesty <input type="checkbox"/> Force <input type="checkbox"/> Improper Tactics <input type="checkbox"/> Improper Detention, Search, or Arrest	<input type="checkbox"/> Neglect of Duty <input type="checkbox"/> Operation of Vehicles <input type="checkbox"/> Off Duty Conduct <input checked="" type="checkbox"/> Harassment <input type="checkbox"/> Discrimination <input type="checkbox"/> Other
<input type="checkbox"/> Policy/Procedures <input type="checkbox"/> Response Time <input type="checkbox"/> Traffic Citation <input type="checkbox"/> Other			

Reporting Party Information

Last Name: _____ First Name: _____ MI: _____ Sex: **M** Age: **60** Race: **W**

Residence: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Home E-Mail Address: _____ Work E-Mail Address: _____

Third Party: Yes ☐ No ☒ Present at Incident: Yes ☒ No ☐

Has any member of this Department attempted to discourage you in any way from bringing this matter to the attention of the Department?
 If Yes, Who? _____ Yes ☒ No ☐

Involved Party Information (If not Reporting Party)

Last Name: _____ First Name: _____ MI: _____ Sex: _____ Age: _____ Race: _____

Residence: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Home E-Mail Address: _____ Work E-Mail Address: _____

Contact/Event Information

Date: **021020** Time: **1357** City or Station Area: **HIDDEN HILLS** RD: **2290**

Location/Address: **5751 ROUND MEADOW ROAD**

Synopsis of Contact/Event: **_____ WAS GIVEN A CITATION FOR EXPIRED REGISTRATION. _____ BELIEVES HE WAS HARASSED BECAUSE HE WAS ARRESTED A FEW HOURS LATER BY _____**

Was a Supervisor Present? Yes ☐ No ☒ Last Name: _____ First Name: _____ MI: _____ Rank: _____ Employee #: _____

Witness Information

Last Name: _____ First Name: _____ MI: _____ Race: _____ Sex: _____ Home Phone: _____ Work Phone: _____

Residence: _____ City: _____ State: _____ Zip: _____ Cell Phone: _____

Home E-Mail Address: _____ Work E-Mail Address: _____

Involved Employee Information

Last Name: _____ First Name: _____ MI: _____ Height: _____ Weight: _____

Employee #: _____ Unit of Assignment: _____ Work Assignment (Unit #, Module, etc): _____

☐ EM Shift ☒ Day Shift ☐ PM Shift ☐ Regular Shift ☐ O.T. Shift ☐ Off Duty

Last Name: **KELLY** First Name: **TRAVIS** MI: _____ Work Phone: _____ Height: _____ Weight: _____

Employee #: **404632** Unit of Assignment: _____ Work Assignment (Unit #, Module, etc): _____

☐ EM Shift ☐ Day Shift ☐ PM Shift ☐ Regular Shift ☐ O.T. Shift ☐ Off Duty

Employee Witness Information

Last Name: _____ First Name: _____ MI: _____ Employee #: _____

Last Name: _____ First Name: _____ MI: _____ Employee #: _____

Which Command/Station (If Not Person)

Print Full Name: **ANNA CARRILLO** Employee #: **444631** Signature: _____

White - LTD Hdqrs Canary - Unit Commander Pink - Division Hdqrs Green - Reporting Party